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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Viet Nam

The Executive Director recommends that the Executive Board approve the country programme of Viet Nam for the period 1991 to 1995 in the amount of $40 million from general resources, subject to the availability of funds, and $50 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. By the standards of developing countries, Viet Nam has a relatively well diffused infrastructure, including qualified personnel for social services such as health, child care and education. In recent years, however, the social sector has made few gains and is in urgent need of revitalization.

2. Assessments of the infant mortality rate (IMR) range from 49 to 61 per 1,000 live births as a national average, with regional variations among the deltas, coastal regions and the less advantaged mountainous areas, where IMR is estimated to be as high as 150 per 1,000 live births.

3. With a variety of difficult conditions facing many women during pregnancy, poor nutrition has been a notable contributing factor in a significant number of low birth-weight infants. Prenatal care and counselling are generally inadequate, while maternal mortality rates (MMRs), as well as perinatal and neonatal deaths, are relatively high.

4. Particularly during the first five years of life, children often face acute respiratory infections (ARI), diarrhoea, malaria and vaccine-preventable childhood diseases, in addition to various other viral infections.

5. The nutritional status of Vietnamese infants and young children is of particular concern. A survey of 1,251 households undertaken by the National Institute of Nutrition showed that 9 per cent of families experience extreme food shortages (below 1,500 calories per person per day) and 15 per cent experience moderate food shortages (between 1,500 and 1,800 calories per person per day). More than 40 per cent of children under five years old are moderately or severely under weight. Malnutrition is most common in the second year of life.

6. Specific micronutritional deficiencies also affect both the child and the mother, particularly vitamin A-related eye disorders, iron-deficiency anaemia and iodine deficiency disorders (IDD) (in mountainous areas). Approximately one third of children under five years old suffer from iron deficiency. In a recent study of 569 children under five years old from the north conducted by the National Institute of Nutrition, the anaemia prevalence reached 36.7 per cent.

7. A study carried out in 21 provinces with a sampling of 34,214 children under five years old showed a 0.07 per cent prevalence of active corneal lesions attributed to vitamin A deficiency. This rate is seven times the World Health Organization (WHO) criterion of public health significance (0.01 per cent). In the national survey of vitamin A deficiency, it was found that insufficient breast-feeding and inappropriate breast-feeding practices increased the risk of blindness caused by vitamin A deficiency (xerophthalmia) two to three times.

8. Comprehensive information on childhood disability is not yet available, but motor and sensory handicaps, many of which are preventable, are some of

the consequences of the overall difficult situation of children. Congenital cretinism affects 2 per cent of children in mountainous areas.

9. While the country has vast water resources, the water is often highly contaminated as a result of poor environmental sanitation. Most existing institutions such as schools and health centres have no water supply or latrines. Access to clean drinking water and hygienic environmental sanitation remains limited. Realistic field estimates indicate 10 per cent access to safe water in rural areas, while an additional 20 per cent may be considered to have access to acceptable quality water, especially with regard to chemical content. The rest of the population has to collect rainwater and use highly contaminated surface water, at times during the dry season. In some coastal and low-lying areas, all surface and subsurface water resources are salty or contaminated by alum. People have to pay as much as the equivalent of $1.30 per cubic metre for water.

10. Sanitation coverage is even more difficult to estimate. Several million latrines, most of which are the double-vault compost type, have been built, mostly in the north, serving over one half the population. In the southern provinces, rural households often utilize fish ponds for latrines. The lack of clean water, combined with poor environmental sanitation and hygienic habits, leads to high rates of diarrhoeal diseases and parasitic infections. Cholera is endemic, especially in some southern provinces. Skin diseases caused by a lack of fresh water are very prevalent. According to a number of surveys conducted in 1986 and 1989, intestinal parasites affect almost 100 per cent of the population in the north and 40 per cent in the south.

11. About 87 per cent of women are involved full time in the economic life of the country. Thus, child care is a major concern for working mothers, particularly since State and cooperative facilities for young children, both 6 to 36 months and 3 to 6 years old, serve only some 26 per cent of eligible children. Physical conditions in these facilities are often poor, and early childhood care and stimulation are uneven because of a significant level of untrained staff and insufficient financial resources.

12. Primary school education is widely available to children, and initial enrolment rates have been high, at approximately 85 per cent. With growing population pressure, however, it appears that this level will be very difficult to maintain. Repeater rates in the first cycle (grades 1-6) are significant and drop-out rates are high, particularly in the second cycle (grades 7-9). Completion rates for children in primary school are estimated at 57.3 per cent and can be attributed to economic pressure, particularly on rural families. Insufficient or inaccessible schools are also a factor in mountainous regions and in parts of the Mekong Delta. A lack of teaching materials and of teachers trained in the new curricula (resulting from the 1981 education reforms) are further constraints. Responding to the recommendations of the World Conference on Education for All, the Government has established a national committee for the eradication of illiteracy and the universalization of primary education.

PROGRAMME COOPERATION, 1988-1990

Health

13. The primary health care (PHC) programme has concentrated mainly on strengthening the physical network and on human resources development. Negotiations have been carried out with the Government in order to implement an integrated approach to PHC. Community participation in managing and financing health services is now stressed, and initial action in strengthening commune health services along the lines of the Bamako Initiative was initiated in six districts in 1990. Intersectoral cooperation is emphasized with the trachoma-control project. Health education activities have also been implemented.

14. In support of pre- and postnatal activities, UNICEF has helped to upgrade health services by providing equipment and supplies, training health personnel and, to some extent, providing essential drugs. In addition, community health education activities have been undertaken. Links have been established with environmental sanitation and nutrition activities for greater impact.

15. In the area of immunization, nationwide mass vaccination campaigns and expansion of routine vaccinations were used as strategies to achieve universal child immunization (UCI). Based on administrative reporting by the Ministry of Health, vaccination coverage for 1990 (April 1989-March 1990) was 94 per cent for anti-tuberculosis vaccine (BCG), 88 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), 89 per cent for three doses of polio vaccine and 89 per cent for measles vaccine. In addition to supplying vaccines, cold-chain and sterilization equipment and injection materials and logistics support, UNICEF has also supported the local production of BCG and DPT vaccines.

16. The national control of diarrhoeal diseases (CDD) programme, initiated in 1982, is now operational in all 44 provinces, serving 76 per cent of the communes and 80 per cent of children under five years old. Monitoring and evaluation have been important programme components. A national policy statement in 1989 set uniform guidelines and provided advice on correct case management and prevention. Related communication activities have been developed and implemented. The programme is now aimed at providing long-term sustainability by expanding intersectoral activities.

17. The emphasis in ARI control is on correct case management at the household and health facilities levels. Adequate information and training of target groups is promoted. The ARI programme presently serves 10 per cent of children under five years old in 1,216 communes in 37 provinces. Expansion is being considered through the strengthening of basic health services and through community management and financing systems.

Nutrition

18. The nutrition projects undertaken included a food and nutrition surveillance system, nutrition in PHC, integrated health and nutrition for

early childhood and health and nutrition education in primary schools. The prevention of severe malnutrition and the promotion of better health status is being progressively integrated into PHC activities at the grass-roots level, particularly in co-ordination with the new World Food Programme (WFP) project on nutrition in PHC. Commune-based nutrition interventions are part of the PHC programme in 1,000 communes in 11 provinces, which are also the provinces in which UNICEF concentrates. The growth monitoring chart was reviewed and is now widely used in commune health centres.

19. The project to control nutritional deficiencies (iodine and vitamin A) has been conducted on a large scale. To date, 500,000 children have benefited from the project to control vitamin A deficiency. Some 450,000 people were served by the IDD control project. The improvement in quantity and quality of children's diets, based on the increase in family food production, has been undertaken in 13 provinces through the household food security project.

Water supply and sanitation

20. The programme emphasized low-cost technology, monitoring by objective and cost-sharing by the beneficiaries. By 1989, more than 20,000 tube-wells had been installed, serving 2.5 million people. About 11,000 additional wells were planned for completion in 1990 in 14 additional provinces. Sanitation activities, including the promotion of sanitary household facilities and health education, have been carried out in the same provinces. Some 150 communes have been involved and 15,000 hygienic demonstration latrines have been constructed. In February 1990, a water supply and sanitation sector study, supported by the World Bank and the United Nations Development Programme (UNDP), approved the approach used by the project and strongly recommended its rapid and wide expansion.

21. Sanitation activities are integrated into a project for family health, including family planning activities implemented jointly with the United Nations Population Fund (UNFPA) in three provinces. This project aims to integrate family planning, maternal and child care, parasite control and water supply and sanitation at the communal level. Problems affecting the current programme have been inadequate communications and intersectoral coordination at the communal level and insufficient equipment for drilling and construction.

Education

22. UNICEF assistance to the education sector included support for formal and non-formal education, teaching aids, curriculum development and training and refresher courses for teachers. In addition, health and nutrition education subjects were introduced in 106 primary schools. The programme also included pre-vocational orientation training and equipment for the Ministry of Education as well as for the Vietnamese National Committee for Children. About 71 pre-vocational orientation centres are spread among the provinces and 80 basic general education schools serve as pre-vocational orientation education establishments. Some of the problems that affected the implementation included weak monitoring and supervision and a general lack of facilities and equipment.

Early childhood development

23. The major achievement in the last three years has been the development of an integrated model for crèches for children under three years old through the coordinated input of different UNICEF programmes and community services. The model has proved effective and it will be extended to kindergartens for ages three to five years old in the next cycle. Early child care and development is also promoted through home-based crèches by enhancing programme communication, community awareness and special non-formal education. The parent education mobile component addresses both formal and non-formal sectors, in collaboration with UNFPA.

Women in development

24. UNICEF has supported two major activities that have been implemented by the Viet Nam Women's Union: (a) a training course for mothers and pregnant women, focusing on women's and children's health, nutrition and hygiene; and (b) the dissemination of communication and information and the development of information materials for women at grass-roots levels and in remote mountainous areas. During 1990, a communication component was added to the programme in order to prepare educational materials for neo-literate women. UNICEF cooperation with VWU to introduce Facts for Life throughout the country at central and provincial levels was successful owing to both the commitment of the Viet Nam Women's Union to Facts for Life and maternal and child concerns and the extensive Viet Nam Women's Union's network.

Advocacy and social mobilization

25. Advocacy activities supported by the Vietnamese National Committee for Children and the Viet Nam Women's Union resulted in the ratification of the Convention on the Rights of the Child by the Government. Viet Nam was the first country in Asia and the second in the world to ratify the Convention. As a concrete follow-up action to the Convention, the Government plans to pass a comprehensive law on the protection, education and care of children.

Monitoring and evaluation

26. The Vietnamese programme has been monitored on a continuous basis through field visits by UNICEF and government personnel, regular meetings and annual programme reviews. In addition, specific studies and evaluations have been conducted, on which basis programme adjustments have been made. It is necessary to strengthen further the capacity of the General Statistics Office to coordinate data collection, administer surveys and process the data generated by the population census. The dissemination of statistical information at all levels needs to be improved for effective planning and advocacy. In addition, sectoral ministries do not have adequate planning units, trained manpower, technical skills, training opportunities, facilities and equipment.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $40,000,000
Supplementary funds: $50,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	14 000	11 500	25 500
Nutrition	4 150	3 750	7 900
Water supply and sanitation	8 000	24 750	32 750
Education	5 000	5 000	10 000
Early childhood development	3 875	4 000	7 875
Disabled children	250	-	250
Women in development	825	1 000	1 825
Planning, monitoring and evaluation	750	-	750
Advocacy, social mobilization, communication	300	-	300
Programme support service	2 850	-	2 850
Total	40 000	50 000	90 000

a/ The breakdown for estimated yearly expenditure is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme objectives

27. In line with the global targets for the 1990s articulated in the World Declaration of the Survival, Protection and Development of Children, to which the Government agrees in principle, the major country programme objectives of Viet Nam are as follows:

(a) To reduce IMR by 50 per cent in provinces with IMR over 70 per 1,000 live births, by 40 per cent in provinces with IMR between 50 and 70 and by 20 per cent in provinces with IMR below 50;

(b) To reduce the under-five mortality rate (U5MR) by 50 per cent in provinces with U5MR over 120 per 1,000 live births, by 40 per cent in provinces with U5MR between 80 and 120 and by 20 per cent in provinces with U5MR under 80;

(c) To reduce MMR by 50 per cent in provinces where MMR is above 100 per 100,000 live births and to maintain current rates in provinces where MMR is below 100;

(d) To reduce the level of severe and moderate malnutrition by 30 per cent in 10 main ecological areas of the country among children under three years of age;

(e) To provide adequate access to safe water for 80 per cent of the rural population with the minimum service level (1 water collection point for 300 people within a maximum distance of 500 metres) and access to family and community demonstration latrines in 50 per cent of the communes in rural areas;

(f) To reach universal primary education for 80 per cent of Vietnamese children, 50 per cent access to primary education for ethnic minority children and 30 per cent completion of primary education among children of ethnic minorities.

28. The Government is committed to supporting all sectoral objectives related to women's health and education, nutrition, child health, water supply and sanitation, basic education and children in difficult circumstances.

Primary health care

29. The programme consolidates previous experience into integrated support to the overall strengthening of PHC at the national level, in line with government priority in this sector. It focuses attention on the commune and district levels as the most important points for the delivery of PHC and referral services.

30. A broad-based approach to the revitalization of the PHC network is envisaged, maintaining the successful achievements of the expanded programme on immunization (EPI) and CDD and expanding the number of health interventions to tackle specific problems such as ARI, malaria and other common diseases.

Basic maternal and child care, including pre- and postnatal care, the identification of high-risk pregnancies, birth spacing, growth monitoring and promotion and parents' education will be given increased focus. Management processes for the efficient delivery of services will be improved at all levels and human resources development will receive increased attention.

31. Decentralized management will be emphasized and communities will be mobilized to continue to increase their support to basic health services. Given the various initial attempts of the country to experiment with user financing, the affordability of user fees and continued equity of access to care will be the main indicators of success in providing affordable quality care.

32. The main thrust of EPI will be sustainability, using the revised census figure of 1.9 million children. Efforts will be strengthened to incorporate EPI at the PHC level with other programmes linked to maternal and child health (MCH) activities. Other related activities include monitoring and evaluation, training, the provision of vaccines, strengthening of the cold chain, maintenance and repair of equipment, social mobilization and communications.

33. By 1995, the CDD programme will reach the most remote districts in the mountainous regions and highlands, where important sections of the population consist of several ethnic minorities and where health facilities are still insufficient. As part of the overall training strategy, the three regional diarrhoeal training units and the newly implemented mini diarrhoeal training units in four provinces will be consolidated, while 16 additional mini diarrhoeal training units will be implemented at the provincial level. The revision and adaptation of curricula contents in the faculties, medical and nursing schools will be pursued; the CDD curriculum will thus be introduced or reinforced in the 44 secondary medical schools and the eight high medical schools.

34. In the area of ARI, health workers and front-line staff at grass-roots levels, as well as paediatricians at the district level, will be trained. Sensitizing communities about the importance of ARI as a child-killer disease and educating families about home care and timely referral of severe cases will be actively pursued. Mortality and morbidity surveys will be conducted to evaluate the impact of the programme serving households and health facilities.

35. For trachoma control, around 250,000 children with active trachoma will be treated every year to reduce the incidence and severity of the disease in young children, achieving a 1 per cent yearly reduction of active forms. Medical cadres and health workers will be trained in trachoma prevention and control.

36. As part of malaria and dengue haemorrhagic fever control, basic surveys will be conducted in 10 commune health centres, two intercommunal polyclinics and one district hospital in four provinces representing different ecological zones (mountain regions in the north, the central regions, the highlands and

the southern regions). Training will be provided in the form of workshops on PHC, including activities for the reduction of malaria mortality, and refresher training will be conducted at different PHC levels. Within the PHC strengthening project, selected drugs will be provided while materials will be developed for training, health education and social mobilization. In addition to the production of specific documents concerning the prevention and treatment of malaria, other relevant materials will be edited for distribution by mass movements (Vietnamese Red Cross, Viet Nam Women's Union, etc.) and by the education sector.

Nutrition

37. Growth monitoring and promotion will be integrated with PHC at the grass-roots level. Monitoring of the nutrition status of pregnant women will also be linked to the maternal health project. Integrated training at different levels of the health delivery system will be carried out within the framework of the PHC/human resources development project. Nutrition communication and information will be enhanced in close coordination with the PHC and water supply and sanitation programmes.

38. Family food production, through the VAC (the Vietnamese acronym for "family garden, fish pond and small animal husbandry" that signifies integrated food production) ecosystem, will be developed in the PHC communes of concentration, with a special emphasis on balanced family diet, weaning food practices and exclusive breast-feeding until 4 to 6 months of age. Families in difficulties, especially those with malnourished children, will be accorded priority attention.

39. The control and prevention of three nutrient deficiencies will be pursued and extended. Iron deficiency control and prevention activities will be developed in association with the maternal health project and directed at pregnant women. The vitamin A deficiency control and prevention project component will be extended progressively to serve 80 per cent of the target population. The IDD control project will be consolidated in goitre-endemic areas. Safe water iodization will be promoted within the framework of the safe water supply project in the mountainous areas. This innovative approach will be extended to areas where iodized oil or salt distribution are not the most cost-efficient approaches.

40. The food and nutrition surveillance system will be progressively extended to 30 provinces. Collaboration will be continued with the WFP Project Food Aid to vulnerable groups, within the framework of PHC.

Rural water supply and sanitation

41. The programme for rural water supply and sanitation is a nationwide extension of the ongoing project. More than 50 per cent of the rural population in some southern provinces are already served by the project. Diverse low-cost technologies will be developed to meet the appropriate needs of areas where underground water is not easily available. About 150,000 new

water points, including 130,000 wells, will be added to the 40,000 wells implemented since the project started in 1982. Some 35 million inhabitants will be served with an average of 120 to 300 people per water point. The extremely low cost per beneficiary will be maintained through low-cost technology, cost-sharing and locally produced materials and equipment.

42. The main sanitation objective will be to disseminate appropriate technology to a large number of rural communes and hamlets through the construction of demonstration latrines. About 400,000 demonstration latrines in 5,000 rural communes (50 per cent of the total number of communes) will be supported, and social mobilization will be pursued. The UNFPA/UNICEF integrated project for family health will be extended beyond three provinces, depending on the results of the evaluation to be carried out. Outcomes of the integrated project such as baseline surveys, social mobilization activities, communication materials and deworming campaigns will be used in the ongoing sanitation project.

43. Health education in primary schools will also be carried out as part of the education programme. Primary schools will be equipped with simple but suitable water supply and sanitation facilities.

Education

44. Planned actions include the improvement of existing curricula for primary education and teacher training; the development of a training curriculum for multi-grade teaching; the improvement of children's learning conditions by upgrading schools and providing textbooks and basic learning aids; developing evaluation tools to assess learning achievements; implementing flexible classes for drop-outs and those aged 6 to 10 years who have never attended school to enable them to join regular school classes; improving teaching skills; and identifying learning problems to reduce repetition and drop-out rates. Pre-vocational orientation will continue to receive support as a key means of imparting basic skills to children. The programmes will be administered by the Ministry of Education for in-school activities and by the Vietnamese National Committee for Children for alternative basic education and youth activities. UNICEF staff will work with these organizations in monitoring activities and special outside consultants will be recruited when appropriate. Negotiations are under way with the Government to use cost-effective strategies for leveraging the future soft loans/grants from the World Bank ($60 million) and the Asian Development Bank (AsDB) ($70 million) towards primary education and secondary and vocational education, respectively. The aides-memoire to Viet Nam of both the World Bank and AsDB have taken note of UNICEF co-operation in these fields.

Women in development

45. Collaboration with the Viet Nam Women's Union will continue to focus on building its programming and communications capacities. The Viet Nam Women's Union will also assist in social mobilization and advocacy activities aimed at enhancing women's knowledge, status and role in a broad range of programmes.

46. Support will be provided to upgrade management skills through training of Viet Nam Women's Union cadres. Particular attention will focus on the communications section, which has been conducting field research to help design communication and education programmes to improve MCH. The section will receive training in using findings from quantitative research and in the preparation of culturally sensitive educational materials for semi-literate women. The programme will stress the use of a broad range of media to improve participation of Vietnamese women. It will also reinforce Viet Nam Women's Union activities to disseminate Facts for Life. The "to be a mother" project, which has received UNICEF support since 1981, will be evaluated to determine the nature of future cooperation.

Early childhood development

47. The early childhood infrastructure in Viet Nam, which consists of day-care centres and kindergartens, serves 2.4 million children between the ages of three months and six years each year. The early childhood development programme responds to the needs of very young children and their mothers, within the framework of child survival and development (CSD). The present programme attempts to sustain the declining IMR and morbidity rate in Viet Nam through proper stimulation and development activities.

48. There are three components in the early childhood development programme: integrated child development; parent education; and early childhood education. Some of the activities include the provision of a package of mutually supportive services such as parent education, health and nutrition; education of parents of children in day-care centres and kindergartens and related communities on growth monitoring, immunization and the importance of regular health check-ups; reinforcement of the monitoring system at the district and commune levels; and the development of new appropriate services in areas where day-care services do not exist. It is hoped that demand will be generated for integrated services for children and mothers through awareness-raising sessions among parents and the community, after which it is planned to have a phased expansion of the project to selected districts in 30 provinces. Services for an estimated 1 million young children and 700,000 mothers are foreseen. There will be substantial coordination with other UNICEF-assisted programmes such as health, water supply and sanitation and nutrition, especially the VAC household food security system.

Integrated education of the disabled child

49. Within the framework of universal primary education, the project promotes the integration of disabled children in regular kindergartens and primary schools. Integrated classes are established where disabled children have special courses. Those classes merge with the regular ones for subjects such as mathematics, art and music, however. Integrated classes cover the three kindergarten classes and the first cycle of primary education from grades 1 to 9.

Planning, monitoring and evaluation

50. To monitor the progress of Viet Nam towards its goals for the 1990s, cooperation is essential among the State Planning Commission, the General Statistics Office, the provincial and local governments and UNICEF. The State Planning Commission will select a number of districts in two or three provinces for implementation of this programme. They will be among the provinces and districts in which UNICEF cooperation has already been concentrated during the previous programme cycle: one in the north; one in the south; and one among the central provinces. The programme will seek to strengthen capacity at the local level for data gathering, as well as information analysis for planning and monitoring child-related activities. Similarly, at the national level, capacity will be enhanced for information gathering and management of programme planning and monitoring for CSD.

51. Appropriate training will be carried out at the provincial and district levels for the preparation of CSD intersectoral plans of action and for their implementation, monitoring and review. Training will also focus on improving skills for area management. Mechanisms will be established to promote intersectoral coordination at the national, provincial and local levels for child survival, monitoring and evaluation. Other planned activities include rapid appraisal and impact surveys in the project areas and the use of sentinel site methodology, as appropriate.

Cooperation with other partners

52. Cooperation will continue with UNDP, which coordinates operational and administrative matters concerning the United Nations; with WHO in EPI, CDD, ARI, PHC and Bamako Initiative programme activities; with UNFPA and the Japanese Organization for International Co-operation in Family Planning in an integrated project for family planning, parasite control, maternal and child care and sanitation; with UNFPA in the parent education project, with the United Nations Educational, Scientific and Cultural Organization acting as the implementing agency for UNFPA; and with WFP in the project on nutrition in PHC; UNICEF has been closely involved in the World Bank/UNDP mission for the water supply and sanitation sectoral study. UNICEF also had extensive consultations regarding the recently concluded studies by the World Bank and AsDB in the education sector.

53. Bilateral partners have included the Government of Australia in health and water programmes. Excellent cooperation has also been maintained with non-governmental organizations such as Radda Barnen (Sweden), World Vision International, the Centre Scientifique et Médicale de l'Université Libre de Bruxelles pour les Activités de Coopération in Belgium, the International Vitamin A Consultative Group and the Statistical Institute for Asia and the Pacific. A number of National Committees for UNICEF (Japan, Spain and the United Kingdom) also provided assistance during the year.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Viet Nam (1989 and earlier years) — UNICEF country classification

Under-five mortality rate	84	(1989)	High U5MR
Infant mortality rate	61	(1989)	High IMR
GNP per capita	$ 240	(1987)	Low GNP
Total population	65 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1631	1973	1976	2022
Infant deaths (under 1)	(thousands)	207	164	138	123
Under-five deaths	(thousands)	289	229	194	170
Under-five mortality rate (per 1,000 live births)		177	116	98	84
Infant mortality rate (under 1) (per 1,000 live births)		127	83	70	61

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1989)	Moderate & severe	..	42
	Severe	..	14
Babies with low birth weight (%, 1980/1989)		21*	17*
Children completing primary level (% of first grade, 1980/1988)		..	57*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1989)		../../..	96*/ 93*/ 49*
Prevalence of wasting (%, 1980/1986)		..	12
Prevalence of stunting (%, 1980/1986)		..	60a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		96	105
Food production per capita index (Index 1979-1981=100, 1980/1989)		102	113
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			17
Access to health services	Total	..	80
(% of population, 1980/1985)	Urban/rural	../..	100 /75
Access to safe water	Total	..	46
(% of population, 1980/1985)	Urban/rural	../ 32	70 /39
Access to adequate sanitation	Total	..	13*
(% of population, 1980/1989)	Urban/rural	../ 55	40*/ 10*
Births attended by trained personnel (%, 1980/1989)		..	95*
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	140

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	..	50	64	94
	DPT	..	42	56	88
	Polio	..	62	58	89
	Measles	..	19	54	89
Pregnant women (%) immunized against	Tetanus	..	..	0	18

TABLE 1 (continued)

Viet Nam

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	111/ 96	101/ 86
(%, 1980/1986)	Male	114/ ..	107/ ..
	Female	107/ ..	94/ ..
Secondary enrolment ratio (gross/net)	Total	40/ ..	43/ ..
(%, 1980/1986)	Male	42/ ..	44/ ..
	Female	38/ ..	41/ ..
Adult literacy rate, 15 years & older	Total	..	84
(%, 1970/1985)	Male/female	../ ..	90/ 80
Radio/television sets			
(per 1,000 population, 1980/1988)		100/33	103/34

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	42.7	53.7	59.9	65.3	82.4
Population aged 0-15 years	(millions)	..	24.3	25.8	27.4	31.3
Population aged 0-4 years	(millions)	..	8.4	9.0	9.2	10.3
Urban population (% of total)		18	19	20	22	27
Life expectancy at birth	Total	49	57	60	62	67
(years)	Male	47	55	58	60	65
	Female	52	60	62	64	69
Total fertility rate		5.9	5.2	4.5	3.9	3.1
Crude birth rate (per 1,000 population)		38	37	33	31	26
Crude death rate (per 1,000 population)		15	11	10	9	7

		About 1980	Most recent
Contraceptive prevalence rate		..	20
(%, 1976/1982)			
Population annual growth rate	Total	..	2.2
(%, 1965-1980/1980-1989)	Urban	4.1	3.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	6*/ 7*
(% of total expenditure, 1980/1985)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	229	150
(1980/1988)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1988)		..	..

a/ Aged 0-59 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: VIET NAM
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $24,000,000

	Supplies and equipment (incl. freigh		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	5369	3796	323	13	228		506	21	6426	3830	10256
Water supply and sanitation	2768	1794	65	6	770		179	52	3782	1852	5634
Nutrition	835	715	124	39	314	4	151	70	1424	828	2252
Education	2026	224	222	26			168	13	2416	263	2679
Community organization and development	945	372	76	26	5		158	76	1184	474	1658
Young child development	388	76	42	50			79	27	509	153	662
Women-centred programme	73		84				17		174		174
Children in especially difficult circumstances		19		4		1		14		38	38
Advocacy					1		6		7		7
Emergency	274	340	9	27			9		292	367	659
Planning and project support	608	12	21		656		304	5	1589	17	1606
Freight	475	99							475	99	574
GRAND TOTAL	13761	7447	966	191	1974	5	1577	278	18278	7921	26199

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: VIET NAM Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	2800	2800	2800	2800	2800	14000
	FSF	682					682
	NSF	2300	2300	2300	2300	2300	11500
Water supply and sanitation	GR	1600	1600	1600	1600	1600	8000
	NSF	4950	4950	4950	4950	4950	24750
Nutrition	GR	600	600	600	600	600	3000
	FSF	67					67
	NSF	450	450	450	450	470	2270
Household food security	GR	230	230	230	230	230	1150
	FSF	10					10
	NSF	300	300	300	300	280	1480
Education	GR	1000	1000	1000	1000	1000	5000
	NSF	1000	1000	1000	1000	1000	5000
Young child development	GR	775	775	775	775	775	3875
	FSF	10					10
	NSF	800	800	800	800	800	4000
Women-centred programme	GR	165	165	165	165	165	825
	NSF	200	200	200	200	200	1000
Children in especially difficult circumstances	GR	50	50	50	50	50	250
	FSF	56					56
Social mobilization and advocacy	GR	60	60	60	60	60	300
Planning and social statistics	GR	150	150	150	150	150	750
Programme support	GR	570	570	570	570	570	2850
TOTAL	GR	8000	8000	8000	8000	8000	40000
	FSF	825					825
	NSF	10000	10000	10000	10000	10000	50000
GRAND TOTAL		18825	18000	18000	18000	18000	90825

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: VIET NAM	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	6	1382862
Local national Professional and General Service established posts	2	517429
Operating costs		523812
Total	8	2424103
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	11	2349000
Supplementary funds	1	203000
Local national Professional and General Service project posts		
General resources		
Supplementary funds		
Total	12	2552000

a/ For information source, see 1992 post authorization table, dated January 1991.